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CONFIRMATION NO. 3026

<b>SERIAL NUMBER</b> 10/694,147	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 248	<b>GROUP ART UNIT</b> 3632	<b>ATTORNEY DOCKET NO.</b> AMD-104US	
<b>APPLICANTS</b> Nicholas Want, Manchester, NH; Scott Edward Corbeil, Litchfield, NH; Marc A. Larochelle, Manchester, NH;					
<b>** CONTINUING DATA *****</b> <i>none KAC</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none JMC</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 32/9	<b>INDEPENDENT CLAIMS</b> 15
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					
<b>ADDRESS</b> 23122					
<b>TITLE</b> Method and apparatus for hanging a medical device					
<b>FILING FEE RECEIVED</b> 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		